



Effective on 12/01/2004 Fees pursuant to Consolidated Appropriations Act (H.R. 4818)		<b>Complete if Known</b>					
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	09/761,624				
		Filing Date	January 17, 2001				
		First Named Inventor	Alan L. Everett				
		Examiner Name	C. Kim				
		Art Unit	3752				
■ Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	029627.00006				
TOTAL AMOUNT OF PAYMENT (\$)		425.00					
METHOD OF PAYMENT (check all that apply)							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input type="checkbox"/> Deposit Account   Deposit Account Number: <u>08-2442</u> Deposit Account Name: <u>Hodgson Russ LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES		SEARCH FEES		EXAMINATION FEES			
<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>			
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							<u>Small Entity</u>
							<u>Fee (\$)</u>
							<u>Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
							180
<u>Total Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>	
-20 or HP = _____		x _____		= _____			
HP = highest number of total claims paid for, if greater than 20							
<u>Indep. Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>	
5		-3 or HP = <u>2</u>		x 100 =		\$200	
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>		<u>Extra Sheets</u>		<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	
- 100 = _____		/ 50 = _____		(round up to a whole number) x _____		= _____	
							<u>Fee Paid (\$)</u>
							<u>Fees Paid (\$)</u>
4. OTHER FEE(S)							<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)							_____
Other: <u>Extension request - 2 months - \$225</u>							\$225

SUBMITTED BY			
SIGNATURE		Registration No. (Attorney/Agent) 24,926	Telephone 716-856-4000
NAME (Print/Type)	Martin G. Linihan	Date December 21, 2005	

I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on December 21, 2005

Martin G. Linihan  
Name

Signature

December 21, 2005  
Date of Signature